Evidence-Based Interventions to Improve Linkage and Retention in Care

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Overview

- Review common features of linkage interventions
- Review common features of retention interventions
- Provide and example of how these influence care in the US
- Review two specific models: behavioral health integration and trauma-informed care

Linkage – common features

- Systematic monitoring of successful entry into HII care
- Systematic monitoring of retention in care
- Brief, strengths-based case management for newly diagnosed
- Intensive outreach for individuals not engaged within 6 months
- Use of peer or paraprofessional patient navigators

Retention – common features

- One-on-one ART counseling
- Case management and resources to address daily living needs (address social determinates of health)
- Screening, management and treatment for depression and other mental illnesses

Example from the US: Evidence-Informed Interventions (E2i) Initiative

- Four-year, Ryan White Program-funded initiative to facilitate implementation of evidence-informed interventions to reduce HIV health disparities and improve HIV health outcomes among PLWH
  - Retention in care
  - Treatment adherence
  - Viral suppression
- Implementation of effective and culturally-tailored, evidence-informed interventions that address social determinants of health
- Note: “Evidence-based” is different that “Evidence-Informed”

E2i Priority Focus Areas

- Evidence-informed interventions adapted based on needs of target populations, using an implementation science framework (Proctor)

- Interventions that focus on four priority areas:
  1. Improving HIV health outcomes for transgender women
  2. Improving HIV health outcomes for Black MSM
  3. Integrating behavioral health with primary medical care for PLWH
  4. Identifying and addressing trauma among PLWH


Expert convening to choose the “best” interventions
EVIDENCE-INFORMED
INTERVENTIONS (E2i)

Selected Interventions for Transgender Women

Healing Our Women for Trans Women (HOW-T)

Healthy Divas (Divas)

Life Skills

Transgender Women Engagement and Entry To Care (T.W.E.E.T.)

Antiretroviral Treatment and Access Study (ARTAS)

Motivational Interviewing Peer Outreach (MI Peers)

Project Connect and Retention through Enhanced Contacts (Connect)

Text Messaging Intervention to Improve Antiretroviral Adherence among HIV-Positive Youth (TXTXT)

Selected Interventions for Black Men who have Sex with Men (MSM)

Selected Interventions for Behavioral Health

AETC AHRQ BHI Toolkits (AETC/AHRQ)

Clinic-based Buprenorphine Treatment (BUP)

Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Selected Interventions for Identifying and Addressing Trauma

Cognitive Processing Therapy (CPT)

Trauma Informed Approach & Coordinated HIV Assistance and Navigation for Growth and Empowerment (TIA/CHANGE)

Seeking Safety (SS)

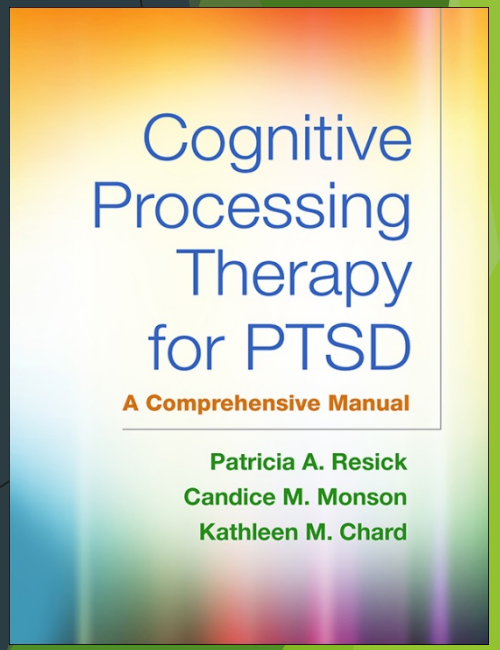
Written Emotional Disclosure Therapy for PTSD (EDT)

AETC/AHRQ Behavioral Health Integration Toolkits (AETC/AHRQ)

- Hire a dedicated Care Manager in the clinic
- Screen all patients for depression
- Provide depression treatment as part of primary care
- Support patient understanding of setbacks
- Track and monitor care and outcomes
- More at: http://integrationacademy.ahrq.gov/

Cognitive Processing Therapy (CPT)

- Goals of CPT:
  - Improve understanding of PTSD
  - Reduce distress about memories of the trauma
  - Decrease emotional numbing (i.e., difficulty feeling feelings) and avoidance of trauma reminders
  - Reduce feelings of being tense or "on edge"
  - Decrease depression, anxiety, guilt or shame
  - Improve day-to-day living



CPT Intervention Overview

- CPT lasts for 12 therapy sessions (50 minutes each) during which individuals will:
  - Get information on common reactions to trauma
  - Identify and challenge unhelpful thoughts with structured therapy sessions
  - Complete regular out-of-session practice assignments to apply what has been discussed in therapy sessions
- Topics Covered: The meaning of the traumatic event(s); Identification of thoughts and feelings; Trust issues; Safety issues; Issues of power and control; Esteem issues; Intimacy issues

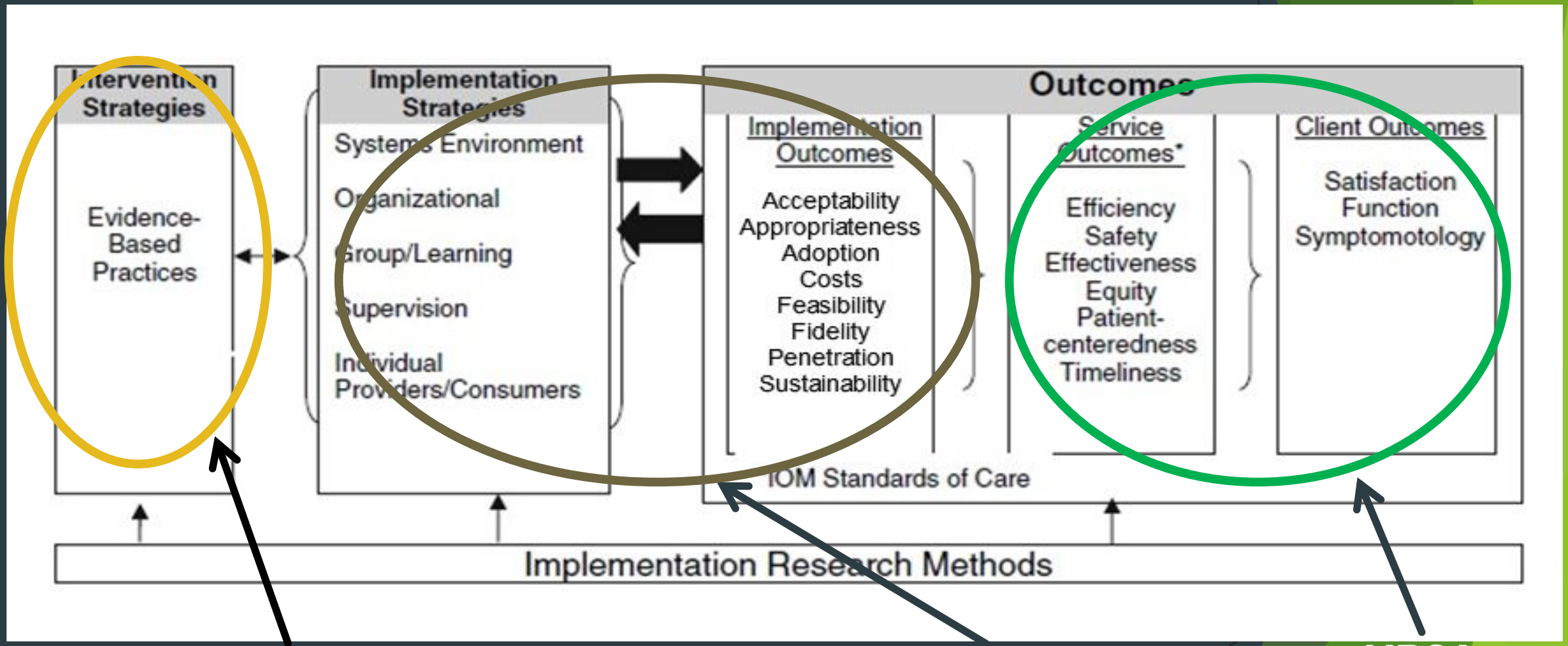
Evaluation Questions

- To what extent is implementation of each EII associated with improvements in retention in:
  - **Intermediate outcomes**: Utilization of support services and adherence to ART
  - **Longer-term outcomes**: Retention in HIV care and Viral suppression
- What EII and implementation **strategies** are associated with intermediate and longer-term outcomes?
- How do the EII compare in terms of cost for implementation?

Evaluation Framework: The Proctor Model

- Improvements in outcomes are dependent on the *evidence-based interventions* and on the *implementation strategies* used to implement those interventions.
- The model distinguishes between:
  - Intervention strategy (evidence-based practice),
  - Implementation strategies (e.g. environment or organizational setting), and
  - Three levels of outcomes (implementation, service, and client).

The Proctor Model



Experts (Fenway and luminaries) **Evaluators (UCSF)** **HRSA**

Thanks!

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For IAPAC Guidelines:

http://annals.org/aim/fullarticle/1170890

For more information about E2i:

http://fenwayhealth.org/improving-the-health-of-people-living-with-hiv/

UCSF Center for AIDS Prevention Studies
Prevention Research Center
Division of Prevention Science